



Complete Summary

GUIDELINE TITLE

Prevention of secondary disease: preventive medicine. Gynecological care.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Prevention of secondary disease: preventive medicine. Gynecologic care. New York (NY): New York State Department of Health; 2009 Feb. 3 p.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Gynecological disorders including sexually transmitted infection (STI)

GUIDELINE CATEGORY

Prevention
Screening

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine

Obstetrics and Gynecology
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide recommendations on gynecological care of human immunodeficiency virus (HIV)-infected women

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected women

INTERVENTIONS AND PRACTICES CONSIDERED

1. Comprehensive gynecological history
 - Age of menarche
 - Menstrual history
 - Date of last Pap test and outcome
 - History of abnormal Pap tests
 - History of sexually transmitted infections (STIs), bacterial vaginosis, yeast infections
 - Contraceptive use and needs
 - Genitourinary symptoms
2. Gynecological examination
 - Breast examination and referring women ≥ 40 to annual mammogram
 - Pelvic examination
 - Perianal examination including digital rectal examination and referring women to anoscopy and biopsy if indicated
 - Cytologic screening including cervical and anal cytology
 - STI screening (syphilis, gonorrhea, chlamydia)
3. Risk-reduction counseling and consideration of social, cultural, and religious issues

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

AIDS Institute clinical guidelines are developed by distinguished committees of clinicians and others with extensive experience providing care to people with HIV infection. Committees* meet regularly to assess current recommendations and to write and update guidelines in accordance with newly emerging clinical and research developments.

The Committees* rely on evidence to the extent possible in formulating recommendations. When data from randomized clinical trials are not available, Committees rely on developing guidelines based on consensus, balancing the use of new information with sound clinical judgment that results in recommendations that are in the best interest of patients.

* Current committees include:

- Medical Care Criteria Committee
- Committee for the Care of Children and Adolescents with HIV Infection
- Dental Standards of Care Committee
- Mental Health Committee
- Women's Health Committee
- Substance Use Committee
- Physician's Prevention Advisory Committee
- Pharmacy Committee

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All guidelines developed by the Committee are externally peer reviewed by at least two experts in that particular area of patient care, which ensures depth and quality of the guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Clinicians should obtain a baseline gynecological history for human immunodeficiency virus (HIV)-infected women (see Table 1 below).

Clinicians should perform a gynecological examination in women or refer them to a gynecologist at baseline and at least annually (see Table 2 below).

Clinicians should consider social, cultural, religious, or behavioral issues that may affect a woman's willingness to undergo a complete pelvic examination, such as previous history of sexual assault, partial or complete female circumcision, genital mutilation, or infibulation.

Table 1. Elements of Gynecological History for HIV-Infected Women

- **Age of menarche**
- **Menstrual history:** Frequency, duration, last menstrual period
- **Number of pregnancies and outcomes:** Full-term and premature births, miscarriages, terminations
- **Date of last Pap test and results**

Table 1. Elements of Gynecological History for HIV-Infected Women

- **History of abnormal Pap tests**
- **History of gynecological (GYN) procedures:** Loop electrosurgical excision procedure (LEEP), ablation, cone biopsy, hysterectomy, tubal ligation
- **History of sexually transmitted infections (STIs), bacterial vaginosis, multiple or difficult to treat vaginal yeast infections**
- **Contraceptive use and needs**
- **Genitourinary symptoms:** Vaginal discharge, vaginal pain, dysuria, genital/rectal warts or ulcers, bleeding

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Table 2. Elements of Gynecological Physical Examination for HIV-Infected Women

Breast Examination

- Examine for the following:
 - Masses
 - Dimpling
 - Nipple discharge
 - Enlargement
- Refer women ≥ 40 for annual mammogram

Pelvic Examination

- Examine for the following:
 - Friable cervix
 - Vaginal discharge
 - Ulcerative genital disease
 - Lesions on the vulva or perineum
 - Venereal warts (human papilloma virus [HPV])
 - Classic and atypical herpes simplex virus (HSV)
 - Cervical motion tenderness

Perianal Examination

- Examine for the following:
 - Visible anal lesions (particularly HSV and/or HPV)
 - Evidence of skin abnormality around the anus
 - *Candida*
 - Hemorrhoids
- Perform digital rectal examination (baseline and annually)
- Refer women with abnormal anal physical findings for high-resolution anoscopy and/or examination with biopsy

Cytologic Screening

Table 2. Elements of Gynecological Physical Examination for HIV-Infected Women

Cervical Cytology

- Obtain cervical Pap test at baseline, 6 months after baseline, then annually as long as results are normal
- Abnormal results should be repeated every 3 to 6 months until two successive normal Pap tests are reported
- Perform colposcopy for women with abnormal Pap test results; follow-up varies on a case-by-case basis
- Refer women with cervical high-grade squamous intraepithelial lesion (HSIL) for high-resolution anoscopy and/or examination with biopsy

Anal Cytology

- Obtain anal Pap test for women with a history of anogenital condyloma or abnormal cervical/vulvar histology (baseline and annually)
- Refer women with abnormal anal cytology for high-resolution anoscopy and possible biopsy

Sexually Transmitted Infection (STI) Screening*

Syphilis

- Rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL) with verification of reactive tests by confirmatory fluorescent treponemal antibody absorbed (FTA-Abs) or *T. pallidum* particle agglutination (TP-PA) (baseline and at least annually). Screen patients with continued high-risk behavior every 3 months.

Gonorrhea and Chlamydia

- Screen all sites of exposure, including the cervix, rectum, and pharynx, as follows:
 - Sexually active women under the age of 25 at baseline and at least annually
 - Women 25 years of age or older if they have or have had a recent STI, have multiple sexual partners, have had a new sexual partner, or have a sexual partner with symptoms of an STI (baseline and at least annually)
- Screen for gonorrhea using culture or nucleic acid amplification tests (NAAT)
- Screen for chlamydia using immunofluorescence or deoxyribonucleic acid (DNA) amplification

*Patients who continue to engage in unsafe sexual practices are at increased risk for STIs. More frequent screening may be indicated for patients at higher risk.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate gynecologic care in human immunodeficiency virus (HIV)-infected women

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The AIDS Institute's Office of the Medical Director directly oversees the development, publication, dissemination and implementation of clinical practice guidelines, in collaboration with The Johns Hopkins University, Division of Infectious Diseases. These guidelines address the medical management of adults, adolescents and children with human immunodeficiency virus (HIV) infection; primary and secondary prevention in medical settings; and include informational brochures for care providers and the public.

Guidelines Dissemination

Guidelines are disseminated to clinicians, support service providers and consumers through mass mailings and numerous AIDS Institute-sponsored educational programs. Distribution methods include the HIV Clinical Resource website, the Clinical Education Initiative, the AIDS Educational Training Centers (AETC) and the HIV/AIDS Materials Initiative. Printed copies of clinical guidelines are available for order from the New York State Department of Health (NYSDOH) Distribution Center for providers who lack internet access.

Guidelines Implementation

The HIV Clinical Guidelines Program works with other programs in the AIDS Institute to promote adoption of guidelines. Clinicians, for example, are targeted through the Clinical Education Initiative (CEI) and the AETC. The CEI provides tailored educational programming on site for health care providers on important topics in HIV care, including those addressed by the HIV Clinical Guidelines

Program. The AETC provides conferences, grand rounds and other programs that cover topics contained in AIDS Institute guidelines.

Support service providers are targeted through the HIV Education and Training initiative which provides training on important HIV topics to non-physician health and human services providers. Education is carried out across the State as well as through video conferencing and audio conferencing.

The HIV Clinical Guidelines Program also works in a coordinated manner with the HIV Quality of Care Program to promote implementation of HIV guidelines in New York State. By developing quality indicators based on the guidelines, the AIDS Institute has created a mechanism for measurement of performance that allows providers and consumers to know to what extent specific guidelines have been implemented.

Finally, best practices booklets are developed through the HIV Clinical Guidelines Program. These contain practical solutions to common problems related to access, delivery or coordination of care, in an effort to ensure that HIV guidelines are implemented and that patients receive the highest level of HIV care possible.

IMPLEMENTATION TOOLS

Personal Digital Assistant (PDA) Downloads

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2009 Feb

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [New York State Department of Health AIDS Institute Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is available as a Personal Digital Assistant (PDA) download from the [New York State Department of Health AIDS Institute Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

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